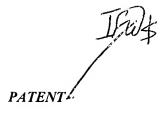
itioner's Docket No. 1097-014



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Michael C. Jeziak

Application No.: 10/642,911

Group No.: 3743

Filed: 08/18/2003

Examiner: Lewis, Kim

For: ARTICLE, SYSTEM, AND METHOD OF COVERING AND PROTECTNG PORTIONS OF

HUMAN SKIN AFTER APPLICATION OF BODY ART

Mail Stop Amendment **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment and Declaration for this application. 1.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

G deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

37 C.F.R. § 1.10*

G with sufficient postage as first class mail.

G as "Express Mail Post Office to Addressee" Mailing Label No. EV554439831US (mandatory)

TRANSMISSION

G facsimile transmitted to the Patent and Trademark Office, (703)

03.31.05

* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under ' 1.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

Fee: \$60.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(C	ol. 2)	(C	col. 3)		SMALL ENTITY				
	CLAIMS									· · · · · · · · · · · · · · · · · ·	
	REMAINING		EST NO.								
	AFTER	PREVIOUSLY		PRESENT						ADDIT.	
	AMENDMENT	PAID FOR		EXTRA			RATE			FEE	
TOTAL	13	_	20	=	0	x	\$	25.00	=	\$	0.00
INDEP.	2	-	3	=	0	х	\$	100.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$ 0.00									=	\$	0.00
								TOTAL			
							AI	DIT. FEE		\$	0.00

No additional fee for claims is required.

FEE PAYMENT

5. Attached is a check in the sum of \$60.00.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 50-1097.

If an additional fee for claims is required, charge Account No. 50-1097.

Date: 3/31/05

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